



PATIENT PRESENTING CLINICAL SIGNS

Nick Segura Vomiting, not eating. R/o foreign body. Current meds: cerenia, cefazolin
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Golden Retriever

SEX

The prostate was of expected appearance for a young intact male canine. The left and right testicles were sonographically unremarkable.

Male

AGE

3 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm. The right kidney measured 6.8 cm.

The area of the aortic trifurcation was free of pathology.

WEIGHT

69.5 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.63 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

Spleen

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Liver

Jessica Miller

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Glen Rock VH

Gastrointestinal

REFERRING VET

Dr. Steckler

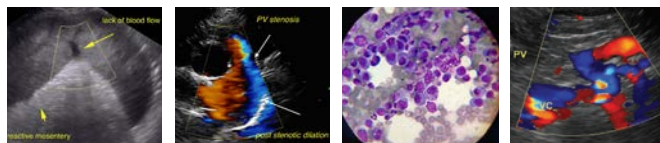
The stomach exhibited significant distention with retained anechoic fluid extending into the area of the pylorus, gastroduodenal junction and upper duodenum. Generalized variable yet moderate intestinal fluid dilation subjectively involving the upper to likely mid small intestine was present extending into a shadowing echo exhibiting hard distal acoustic shadowing within the intestinal lumen. Potential for intestinal corrugation or possible plication noted directly adjacent to and potentially approaching the area of intestinal luminal shadowing. Associated regional peri intestinal reactive mesentery was present without evidence of overt or significant free fluid. No overt lymphadenopathy, although potential for minor omental lymphadenopathy possible. Areas of empty small bowel likely distal to the area of the shadowing echo were present extending to the colon. The colon was unremarkable.

INVOICE

25367

DATE

9/13/21



PATIENT *Pancreas*

Nick Segura The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

3 Years

WEIGHT

69.5 Pounds

INTERPRETED BY

R. McKenzie Daniel,
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IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Glen Rock VH

REFERRING VET

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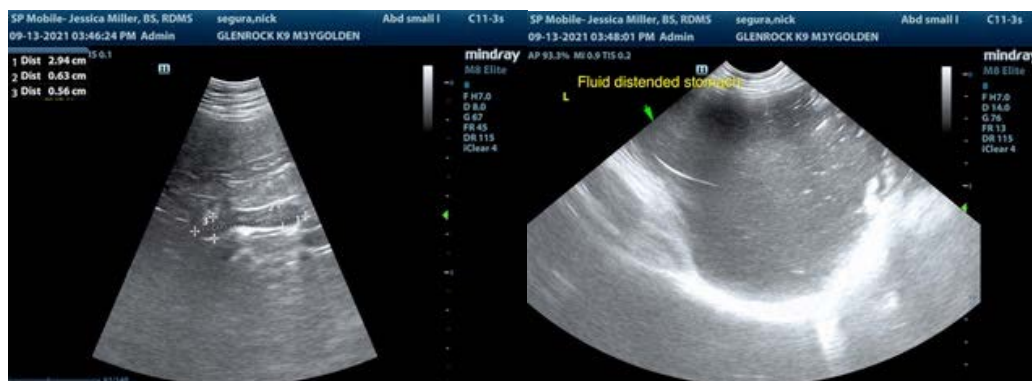
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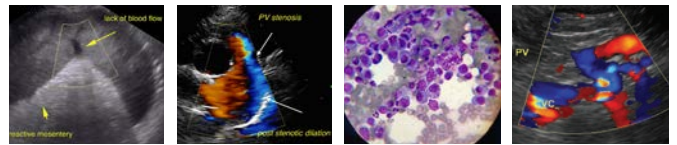
ULTRASONOGRAPHIC FINDINGS

- Marked upper to likely mid gastrointestinal dilation extending into focal, strongly shadowing intestinal luminal echo – consistent with intestinal foreign body with secondary upper to mid obstructive pattern.
- Possible segmental intestinal plication/corrugation possibly approaching the area of the intestinal luminal echo
- Peri intestinal reactive mesentery – suspect secondary inflammation, potential emerging peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Once patient is stabilized, laparotomy with expectation toward enterotomy along with gross inspection of the generalized gastrointestinal tract is recommended. Multiple enterotomies may be required. Perioperative antibiotics suggested given the potential for emerging peritonitis.





PATIENT

Nick Segura

SPECIES

Canine

BREED

Golden Retriever

SEX

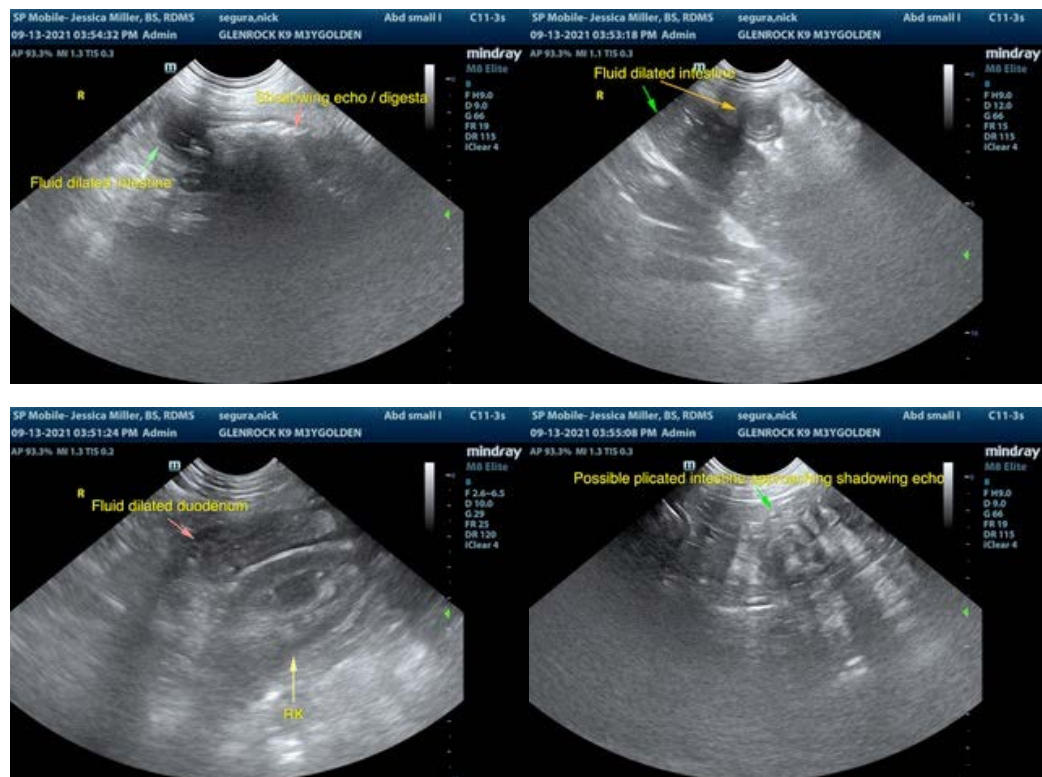
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com